MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (8)

06442

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
County: Charles
City or town: Indian Head
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: ~~Charles~~ Pr. Geo's
City or town: ~~Indian Head~~ Accokeek Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Stillborn Blair

3. (b) Social Security Number

4. Sex: M
5. Color or race: Col
6. (a) Single, married, widowed, or divorced: S.
6 (b) Name of husband or wife: —
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): June 4, 1940
8. AGE: Years | Months | Days | If less than one day ____ hrs. ____ min.
9. Birthplace: Indian Head (Town, county, and state)
10. Usual occupation
11. Industry or business
FATHER 12. Name: Sherman Blair
13. Birthplace: Piscataway Md
MOTHER 14. Maiden name: Louise Williams
15. Birthplace: Glendale Md
16. Informant: Sherman Blair
Address: Accoceek, Md
17. Home Burial (Burial, cremation, or removal. Which?) Date thereof June 5, 1940 (month) (day) (year)
Cemetery or crematory: Home
Location: ~~Accoceek, Md~~ Piscataway
18. Funeral director: None
Address
19. 7/1 1940 (Date rec'd by registrar) Odey Price Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 4 1940, at 9P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____elive on ____ 19__.
Immediate cause of death: Stream at unity
Due to
Due to
Other conditions
(Includa pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: Frank G. Susan M. D. M. D. or other
Address: Indian Head Md Date signed 6-5-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JUL 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

06443

CERTIFICATE OF DEATH

Reg. Dist. No. 101

1. PLACE OF DEATH:

County: Charles

City or town: Pisgah, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 40 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Pisgah Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: John Wesley Bowman

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: Negro

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Rebecca Anne Bowman (nee Adams)

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): December 18 — ?

8. AGE: Years: 87 plus; Months: —; Days: —; If less than one day: hrs. min.

9. Birthplace: Charles County, Md. (Town, county, and state)

10. Usual occupation: Helper at mill (until 2-3 yrs. ago)

11. Industry or business: Small grist mill

FATHER
12. Name: John Bowman
13. Birthplace: Chas. Co, Md.

MOTHER
14. Maiden name: Hannah —,
15. Birthplace: Chas. Co., Md.

16. Informant: Alice Brown (daughter),
Address: Pisgah, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 7 (month) 1 (day) 40 (year)

Cemetery or crematory: Smith Chaple

Location: Pisgah Md

18. Funeral director: Penny and Cofer

Address: Mason Springs Md

19. 7-1 (Date rec'd by registrar) 1940 Mary Southerland Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 28, 1940, at 12:00 3:00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased on June 28 1940, ~~to~~ ~~19~~, and that I saw him on June 28 1940

Immediate cause of death: Cerebral hemorrhage

Due to: Generalized arteriosclerosis

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

DURATION: Several minutes

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: James L. MacKavanagh, M.D. Dep. Medical Examiner M. D. or other
Address: La Plata, Md. Date signed 6-28-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 8 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06444

1. PLACE OF DEATH (47d)

County Charles Registration Dist. No. 108

Village or City Hughesville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Clive Courtis If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE Black

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of William Courtis

6. DATE OF BIRTH (month, day, and year) Jan 17, 1880

7. AGE Years 60 Months 5 Days 1 It LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Mary's Co.

FATHER

13. NAME Henry Thomas

14. BIRTHPLACE (city or town) (State or country) St. Mary's Co.

MOTHER

15. MAIDEN NAME Susan Thomas

16. BIRTHPLACE (city or town) (State or country) St. Mary's Co.

17. INFORMANT (Address) William Courtis Hughesville, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Morganza Date Jun 21, 1940

19. UNDERTAKER (Address) Elmer Jeacle

20. FILED 6/21, 1940 Eva Chappelear Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 18 (Month) (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 1939, 19, to June 18, 1940

I last saw her alive on June 17, 1940; death is said to have occurred on the date stated above, at 41 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma of Lung — Date of onset 1 yr.

Other Contributory Causes of importance:

Metastasis to Lung & abdomen

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hugh W. Vogan M. D.

(Address) Hughesville

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 3, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1925*

RECEIVED JUL 6 1940 BUREAU V.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

66445

1. PLACE OF DEATH (83a)

County Charles Registration Dist. No. 100

Village or City La Plata No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Zebza Duckett If U. S. Veteran, specify WAR ...

(a) Residence: No. La Plata, Md St., Ward. ...

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Lilly Robinson

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58-62 ???			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. ...

10. Date deceased last worked at this occupation (month and year) 6-1040

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) La Plata (State or country) Charles

FATHER

13. NAME Corbett Duckett

14. BIRTHPLACE (city or town) ? (Steto or country)

MOTHER

15. MAIDEN NAME Olivia Duckett

16. BIRTHPLACE (city or town) ? (Stete or country)

17. INFORMANT Morgen Duckett (Address) La Plata, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Burial Date June 14, 1940

19. UNDERTAKER Hunt and Ryon (Address) Waldorf

20. FILED June 12, 1940 Lillian Rose, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 12 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1940, to June 12, 1940

I last saw h.. alive on June 11, 1940; death is said to have occurred on the date stated above, at 11 10 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6-10-40

Other Contributory Causes of Importance:

Hypertension	

Name of operation ... Date of ...

Whet test confirmed diagnosis? ... Was there an autopsy? ...

23. If death wes due to externel causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Netura of Injury ...

24. Wes diseesa or injury in any way releted to occupation of deceased? No

If so, specify ...

(Signed) E. Edelen M. D.

(Address) La Plata, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

06446

(46-D)

1. PLACE OF DEATH

County Charles Registration Dist. No. 108

Village or City Bryantown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 111 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Susan Edelen If U. S. Veteran, specify WAR

(a) Residence: No. Bryantown, Md. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alfred Edelen

6. DATE OF BIRTH (month, day, and year): June 14, 1829

7. AGE: Years 111 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Bryantown Charles Co.

FATHER

13. NAME: Ralph Wade

14. BIRTHPLACE (city or town) (State or country): Charles Co

MOTHER

15. MAIDEN NAME: Charlotte Anne Gibson

16. BIRTHPLACE (city or town) (State or country): Charles Co.

17. INFORMANT (Address): Joseph Edelen (Grandson) Bryantown, Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place St Marys Church Bryantown Date 6-17, 1940

19. UNDERTAKER (Address): Elmer M. Drode Hughesville Md

20. FILED June 17, 1940 Eva Chappelear Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 14 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1940, to June 14, 1940

I last saw her alive on June 14, 1940; death is said to have occurred on the date stated above, at 6 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cancer of Rectum	2-10-40

Other Contributory Causes of importance:

General Visceral Failure

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. J. Edelen M. D.

(Address) La Plata Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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JUL 6 1949
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

06447

CERTIFICATE OF DEATH

Reg. Dist. No. 101

1. PLACE OF DEATH:

County: Charles

City or town: Pisgah

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Pisgah Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Margaret Genevieve Green.

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Alec. Green.

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): May 19, 1844

8. AGE: Years: 96 Months: — Days: 24 If less than one day ____ hrs. ____ min.

9. Birthplace: Mason Springs Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER

12. Name: Jos. Maddox

13. Birthplace: Charles Co. Md.

MOTHER

14. Maiden name: Margaret Nelson.

15. Birthplace: Charles Co. Md.

16. Informant: Grace Medley.

Address: Pisgah Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 15, 1940. (month) (day) (year)

Cemetery or crematory: St. Charles.

Location: (Glymont) Indian Head Md.

18. Funeral director: Hunt & Ryon.

Address: Waldorf, Md.

19. June 13 1940 (Date rec'd by registrar) Mary Southerland Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 12 1940 10:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 1906, to June 12 1940, and that I last saw her alive on June 12 1940.

Immediate cause of death: Cerebral apoplexy

Due to: Arteriosclerosis.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Geo. C. Bickwell M. D. or other

Address: Marbury Md. Date signed June 13/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 8 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06448

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (136)

County Charles — Registration Dist. No. 103

Village or City Faulkner — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Thomas Harrison Harvey — If U. S. Veteran, specify WAR ____

(a) Residence: No. Faulkner St., Ward. no social security no.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Dec 1st 1921

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
18	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) June 1940 — 11. Total time (years) spent in this occupation 24 yrs.

12. BIRTHPLACE (city or town) (State or country) Popes Creek Charles Co. Md.

FATHER

13. NAME William Harvey

14. BIRTHPLACE (city or town) (State or country) Charles Co.

MOTHER

15. MAIDEN NAME Cornelia Hungerford

16. BIRTHPLACE (city or town) (State or country) Charles Co.

17. INFORMANT Mrs Harvey (Address) Faulkner Md.

18. BURIAL, CREMATION, OR REMOVAL Place St Thomas Cemetery Date June 28, 1940

19. UNDERTAKER Hunt & Ryon (Address) Waldorf md

20. FILED June 28, 1940 Mary E. Burch. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 26 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1940 to June 26, 1940

I last saw him alive on June 20, 1940; death is said to have occurred on the date stated above, at 7 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	4/19/39
Other Contributory Causes of importance:	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicida, or homicida? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) E. Hodgdon M. D.

(Address) La Plata, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
JUL 8 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

66449

1. PLACE OF DEATH (131-a)

County Charles Registration Dist. No. ~~[illegible]~~ 108

Village or City Hughesville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Abraham Middleton If U. S. Veteran, specify WAR

(a) Residence: No. Benedict Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) ~~WIFE of~~ Sarah Brent

6. DATE OF BIRTH (month, day, and year): April 6 1864

7. AGE: Years 76 | Months 2 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Charles Co Md

FATHER

13. NAME John Washington

14. BIRTHPLACE (city or town) (State or country) Chas Co Md

MOTHER

15. MAIDEN NAME Della Washington

16. BIRTHPLACE (city or town) (State or country) Chas Co Md

17. INFORMANT (Address) Bessie Washington Hughesville Md

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Bryantown Date 6-23, 1940

19. UNDERTAKER (Address) Elmer M Quade Hughesville Md.

20. FILED June 23, 1940 Eva Chappelear Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 21 (Month) (Day) 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from June 14, 1940, to June 21, 1940 I last saw him alive on June 20, 1940; death is said to have occurred on the date stated above, at 1 p m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Congestion heart failure

Other Contributory Causes of importance:

Hypertension Cardiac - [illegible] Vascular disease

Date of onset

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hugh [illegible] M. D.

(Address) Hughesville

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED JUL 6 1940 U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (53)

CERTIFICATE OF DEATH

66450

Reg. Dist. No. 10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Charles

City or town: La Plata
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): 10 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: La Plata Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME: Walter Mitchell Page

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

B (b) Name of husband or wife: ~~Mary Ann Page (nee Briscoe)~~ Elizabeth Mitchell

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): April 4, 1860

8. AGE:

Years	Months	Days	If less than one day
80	2	1	—hrs. —min.

9. Birthplace: Port Tobacco, Charles, Md.
(Town, county, and state)

10. Usual occupation: Farmer (retired)

11. Industry or business: Own farm

FATHER
12. Name: Horatio Claggett Page
13. Birthplace: Alexandria, Va.

MOTHER
14. Maiden name: Mary Ann Briscoe
15. Birthplace: Port Tobacco, Md.

16. Informant: Miss Nettie Page (Sister)
Address: La Plata, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/7/40 (month) (day) (year)

Cemetery or crematory: Mt. Rest.

Location: La Plata, Md (East)

18. Funeral director: Hunt & Ryon

Address: Waldorf, Md

19. 40 June 6 19 40 Lillian Posey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 5, 1940, at 5:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 23 1940, to June 5 1940, and that I last saw h— alive on June 4 1940.

	DURATION
Immediate cause of death: Melanosarcoma of liver	5 wks.
Due to: Melanosarcoma of skin (Cancer of skin)	3 yrs.
Due to:	
Other conditions: Arteriosclerosis; paralysis agitans	15-20 yrs.

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE: James I. MacKavanagh, M.D.
M. D. or other

Address: La Plata, Md. Date signed 6-5-40

RECEIVED
JUL 6 1940
BUREAU V. S.

06451

STATE OF MARYLAND—CERTIFICATE OF DEATH

(83-a)

1. PLACE OF DEATH

County Charles Co. Registration Dist. No. 108

Village or City Hughesville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 21 yrs. — mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Schultz If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Irene Jameson Schultz

6. DATE OF BIRTH (month, day, and year) Jan 4 - 1876

7. AGE Years 64 Months — 5 Days — 13 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Book keeper

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME John Schultz

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Mary Sophia Swain

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT (Address) Irene Jameson Schultz Hughesville Md

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~

Place Bryantown Date June 19 - 1940

19. UNDERTAKER (Address) Rose E. Welch Chaptico Md.

20. FILED 6/19, 1940 Eva Chappelear Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 17 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 1938 (19), to June 17, 1940

I last saw him alive on June 16, 1940; death is said to have occurred on the date stated above, at 3 a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 1940

Other Contributory Causes of importance:

Arteriosclerosis (general)

Hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hugh D. Vizzini M. D.

(Address) Hughesville

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(M)

(T)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED JUL 6 1928 U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(159)

06452

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:

County: Charles

City or town: La Plata
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Physicians Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days): 15 days

Stay in this community (yrs., or mos., or days): 15 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Brandywine Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Infant girl Settle

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): May 26, 1940 — 4:45 PM

8. AGE: Years: 0 Months: 0 Days: 15 If less than one day ____ hrs. ____ min.

8. Birthplace: La Plata, Charles, Md.
(Town, county, and state)

10. Usual occupation: Infant

11. Industry or business

FATHER
12. Name: Russell Settle
13. Birthplace: Culpeper, Va.

MOTHER
14. Maiden name: Gladys Brown
15. Birthplace: Culpeper, Va.

16. Informant: Mrs. Russell Settle

Address: Brandywine, Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof: June 11/40 (month) (day) (year)

Cemetery or crematory: Sperryville

Location: Rappahannock Co., Va

18. Funeral director: Geist Funeral Parlors

Address: by Hebrew - Culpeper Va

19. ____ 19____ (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 10, 1940, at 8:10 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 26 1940, to June 10 1940, and that I last saw her alive on June 9 1940.

Immediate cause of death: ~~[illegible]~~ Inanition

Due to: Prematurity (7½ mos.)

Due to:

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy —

DURATION: 2 weeks

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: James L. MacKavanagh, M.D.
M. D. or other

Address: La Plata, Md. Date signed 6-10-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(T)

RECEIVED
JUN 24 1940
BUREAU V. P.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

66453

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Charles

City or town: Port Tobacco Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Port Tobacco Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Paul Thomas Swann

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 8, 1940

8. AGE:

Years	Months	Days	If less than one day
		11	____ hrs. ____ min.

9. Birthplace: Freedmen's Hosp., Wash, D.C.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name: Ruby Thomas [redacted] Swann

13. Birthplace: Charles County, Md.

MOTHER 14. Maiden name: Mary Gracie [redacted] Thompson

15. Birthplace: Pomonkey, Md.

16. Informant: Mary Gracie Swann (mother)

Address: Port Tobacco, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 21 1940 (month) (day) (year)

Cemetery or crematory: St Thomas M. Chapel Pond

Location: South (Father)

18. Funeral director: R. Thomas Swann

Address: Port Tobacco Md

19. June 20 1940 (Date rec'd by registrar) Lillian Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 19 1940, at 11 00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased on June 19 1940 to ____; and that I last saw him on June 19 1940.

Immediate cause of death	DURATION
Acute gastritis (feeding upset)	2 days
Due to: Prematurity (7 months)	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

20 Of operations

20 Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: James L. MacKavanagh, M.D. Dep. Medical Examiner

M. D. or other

Address: La Plata, Md. Date signed: Jun 19-40

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BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

06454

CERTIFICATE OF DEATH

Reg. Dist. No. 154

1. PLACE OF DEATH:

County Charles

City or town Issue

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Charles

City or town Issue Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Still born Templeman

3. (b) Social Security Number

4. Sex unknown

5. Color or race B

6. (a) Single, married, widowed, or divorced —

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-20-40

8. AGE: Years — Months — Days — If less than one day hrs. min.

9. Birthplace Issue Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name Roger Templeman

13. Birthplace Tompkinsville Md.

MOTHER

14. Maiden name Evelin Butler

15. Birthplace Issue, Md.

16. Informant Evelin Templeman

Address Issue

17. Holy Ghost Cm Date thereof 6-20-40

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Private

Location Issue Md.

18. Funeral director Mary Thomas

Address Tompkinsville

19. 6-20- 1940 T. L. Higdon

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-20- 1940, at M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19, to 19, and that I last saw h alive on 19.

Immediate cause of death

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE T. L. Higdon M. D. or other

Address Waysville Date signed 6-20-40

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JUL 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06455

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (95-e)

County Charles Registration Dist. No. 1 04

Village or City Wayside No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur E. Thomas

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Thomas

6. DATE OF BIRTH (month, day, and year) 10th July —

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	11	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wayside (State or country) Md.

FATHER

13. NAME Eugene Thomas

14. BIRTHPLACE (city or town) Dasher (State or country) Md.

MOTHER

15. MAIDEN NAME Eliza A. Bell

16. BIRTHPLACE (city or town) Wayside (State or country) Md.

17. INFORMANT Hilbury Thomas (Address) Wayside

18. BURIAL, CREMATION, OR REMOVAL Place Holy Ghost Cem. Date 7—3—, 19 40

19. UNDERTAKER Hewitt & Ryan (Address) Waldorf

20. FILED 6—30, 19 40 T. E. Hayden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 6 (Month) — 30 (Day) —, 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 19 39, to 6—30—, 19 40

I last saw him alive on 6—28—, 19 40; death is said to have occurred on the date stated above, at 8 a.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other **Contributory Causes** of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. E. Hayden, M. D.

(Address) Waldorf

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

06456

CERTIFICATE OF DEATH

Reg. Dist. No. 108

1. PLACE OF DEATH:

County: Charles

City or town: Rural nr. Benedict
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Rural nr. Benedict Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Theodore Thomas

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Negro

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): March 20, 1918

8. AGE: Years: 22 Months: 2 Days: 13 If less than one day ____ hrs. ____ min.

9. Birthplace: Benedict, Charles, Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Father's farm

FATHER
12. Name: Edward Thomas
13. Birthplace: Benedict, Md.

MOTHER
14. Maiden name: Louvinia Livers
15. Birthplace: Benedict, Md.

16. Informant: Edw. Thomas (father)

Address: Benedict, Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof: June 3, 1940 (month) (day) (year)

Cemetery or crematory: St. Marys Church

Location: near Bryantown

18. Funeral director: A J Grimes

Address: Aquasco, Md

19. June 3 1940 (Date rec'd by registrar) Eva Thompson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 2 1940, at 12:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased ~~from~~ on June 2 1940, ~~to~~ ~~19~~, and that I ~~last~~ saw him ~~alive~~ on June 2, 1940.

Immediate cause of death: Compound fracture of skull

DURATION: 1-2 min

Due to: Automobile accident

~~Due to~~ (struck by passing auto while walking along road)

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of

Where did injury occur? Nr. Benedict, Charles, Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?): State road

Means of injury: Struck by auto Injured at work? No

Deputy Med. Examiner

23. SIGNATURE: James L. MacKavanagh, M.D.
M. D. or other

Address: La Plata, Md. Date signed 6-2-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

2454

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